U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2454	2. Fiscal Year Covered From:	
	1 / 1 / 2005 Through: 12/31/2005	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name James G Schmitz.	Name AFSCME	
	Labor Organization File Number 0 60 - 2.89	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1625 L St NW	Street 1625 L St WW	
city Washington	city Washington	
State 3 C ZIP Code + 4 20036	State DC ZIP Code + 4 20036	
5. Position in labor organization. Director of Organi	zing and field Services	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Harvard University	Lodging and meals at Union Leader Institute	
Trade Name, if any:	Leader Institute	
P.O. Box, Bldg., Room No., if any Law School	7.b. Amount.	
Street 125 Mt. Auburn St.		
city Cambridge	4984.72	
State MA ZIP Code + 4 02!38		

Signature

Signature and verification. The undersigned declares, under personal control of the cont	enalty of Perjury and other applicable pen	alties of the law, that all of the information
submitted in this report (including the information contained in any ac	companying documents), has been exami	ned by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (Se	ee the section on penalties in the instruction	ons.)
Signed Wus Milinia	on 3-9-06	202 429 1000
	Date	Telephone Number

Telephone Number

James G. Schmitz

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bidg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	